

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	VACCINE AND METHOD FOR TREATMENT OF NEURODEGENERATIVE DISEASES
Attorney Docket Number::	EIS-SCHWARTZ32A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity

Given Name::	Michal
Middle Name::	
Family Name::	EISENBACH-SCHWARTZ
Name Suffix::	
City of Residence::	Rehovot
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	5 Rupin Street
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76353
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Ester
Middle Name::	
Family Name::	YOLES
Name Suffix::	
City of Residence::	Moshav Beit Gambliel
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	94 D.N. Nahal Soreq
City of Mailing Address::	Moshav Beit Gamliel
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76880
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Oleg
Middle Name::	
Family Name::	BUTOVSKY

Name Suffix::  
 City of Residence:: Beer Sheva  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 28/25 Mivtza Asfa Street  
 City of Mailing Address:: Beer Sheva  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 84496  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Israeli  
 Status:: Full Capacity  
 Given Name:: Jonathan  
 Middle Name::  
 Family Name:: KIPNIS  
 Name Suffix::

City of Residence:: Modiin  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 3/1 Nahar Hayarden Street  
 City of Mailing Address:: Modiin  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 71700

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/001037	11-11-04
PCT/IL04/001037	Appln claiming benefit of 35 USC 119(e)	60/518,627	11-12-03

**Foreign Priority Information**

Country::                                      Application Number::              Filing Date::              Priority Claimed::

**Assignment Information**

Assignee Name::                                      Yeda Research and Development Co. Ltd.  
Street of Mailing Address::                      at the Weizmann Institute of Science, P.O.  
Box 95  
City of Mailing Address::  
State or Province of Mailing Address::              Rehovot  
Country of Mailing Address::                      Israel  
Postal or Zip Code of Mailing Address::              76100